

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OUR HOUSE ASSISTED CARE (0009288)

Address: 2516 GREEN VALLEY DR, JANESVILLE, WI 53546

License Status: REGULAR

Licensed/Certified/Registered 01/01/2002

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0096952 **End Date:** 05/16/2006 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0094308 **End Date:** 03/09/2005 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008140 Served 03/23/2005

Deficiencies Cited
83.33(3)(e)2.b

Subject Area
INJECTIONS

Compliance
Verified
05/16/2006

Corrected
Yes

Survey ID: 0092225 **End Date:** 03/23/2004 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0090647 **End Date:** 07/15/2003 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0090574 **End Date:** 06/20/2003 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 03/22/2005 **SOD #**10008140 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT

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Complaint History

Date Complaint Received: 02/23/2005

Date Investigation Completed: 03/09/2005

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
MEDICATIONS

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

NOT RECORDED

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